U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 15014	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name George F Osgood	Name GCC/IBT Local 1-M
	Labor Organization File Number 579 030
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 684 Transfer Road	Street 684 Transfer Road
City St. Paul	City St. Paul
State Minnesota ZIP Code + 4 55114	State Minnesota ZIP Code + 4 55114
5. Position in labor organization. President	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	The Astronomy
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned deciares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, the correct and complete. (See the section on penalties in the instructions.)	

Telephone Number

Name of Person Filing George Osgood	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any). Name ABN Amro Asset Management Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 171 North Clark Street City Chicago State Illinois ZIP Code + 4 60601	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Inter-Local Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 455 Kehoe Blvd., Suite 100	11.b. Approximate dollar value of such dealing.
City Carol Stream State Illinois ZIP Code + 4 60188	12.a. Nature of interest held or income received. Dinner. Trustfund meeting - October 27-29, 2004
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	12.b. Amount. \$94
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13 b. Is the Business an Employer or Consultant 2	14.b. Amount of payment.